

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Winchester, Richard M.
Filed: Simultaneously Herewith
Serial No.: N/A
For: Construction Layout Stripping

Commissioner of Patents and Trademarks
Washington, D.C. 20231

**OATH AND POWER OF ATTORNEY
ORIGINAL APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Construction Layout Stripping, the specification of which —

(check one) is attached hereto.
_____ was filed on _____ (Date)
as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

SEND CORRESPONDENCE TO: Edward L. White, P.C. 50 Penn Place, 4 th Floor 1900 N.W. Expressway Oklahoma City, OK 73118-1803		DIRECT TELEPHONE CALLS TO: <i>(name and number)</i> Ed White 405/810-8188		
201	FULL NAME OF INVENTOR	FAMILY NAME: Winchester	FIRST GIVEN NAME: RICHARD	SECOND GIVEN NAME: M.
	RESIDENCE AND CITIZENSHIP	CITY: WILDWOOD	STATE: MO	COUNTRY OF CITIZENSHIP: UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: 16579 CLAYTON ROAD	CITY: WILDWOOD	STATE & ZIP CODE: MO 63011
202	FULL NAME OF INVENTOR	FAMILY NAME:	FIRST GIVEN NAME:	SECOND GIVEN NAME:
	RESIDENCE AND CITIZENSHIP	CITY:	STATE:	COUNTRY OF CITIZENSHIP:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:	STATE & ZIP CODE:
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 201:		SIGNATURE OF INVENTOR 202:		
				
DATE: 6/29/99		DATE:		

State of _____

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) ss

County of _____

)

Sworn to and subscribed before me this _____ day of
 _____; 19 _____

(signature of notary or officer)

(SEAL)

(official character)